Oncologic Emergencies Uptodate

Oncologic emergencies uptodate represent a critical subset of medical conditions that require prompt recognition and management in patients with cancer. These emergencies can arise due to the malignancy itself, its complications, or as adverse effects of cancer therapies. Timely intervention not only improves patient outcomes but can also be life-saving. This comprehensive guide aims to provide an up-to-date overview of common oncologic emergencies, their pathophysiology, clinical features, diagnosis, and management strategies.

Understanding Oncologic Emergencies

Oncologic emergencies are acute, potentially life-threatening conditions that occur in cancer patients. They can be classified broadly into metabolic, structural, hematologic, or infectious emergencies. The complexity of cancer's effects on the body, combined with immunosuppression from treatments, predisposes patients to a wide range of emergencies.

Common Oncologic Emergencies

This section discusses the most prevalent oncologic emergencies encountered in clinical practice.

1. Superior Vena Cava Syndrome (SVCS)

Etiology and Pathophysiology

SVCS results from obstruction of the superior vena cava, often caused by tumor invasion (lung cancer, lymphoma) or thrombosis related to indwelling catheters.

Clinical Features

- Facial swelling - Upper extremity swelling - Dyspnea - Dilated chest wall veins - Headache and visual disturbances - Cyanosis

Diagnosis

- Clinical suspicion based on signs - Imaging: Contrast-enhanced CT scan is the gold standard - Venography if needed

Management

- Emergency measures: - Elevate the head of the bed - Oxygen therapy - Definitive treatment: - Radiotherapy (for radiosensitive tumors) - Chemotherapy - Endovascular stenting in selected cases - Supportive care to manage symptoms

2. Spinal Cord Compression

Etiology and Pathophysiology

Often caused by metastases (breast, prostate, lung). Tumor invasion compresses the spinal cord, leading to neurological deficits.

Clinical Features

- Back pain (initial symptom) - Motor weakness - Sensory deficits - Bladder and bowel dysfunction - Gait disturbances

Diagnosis

- MRI of the spine (diagnostic modality of choice) - Neurological examination

Management

- Urgent corticosteroids (e.g., dexamethasone) - Radiotherapy - Surgical decompression if indicated - Supportive and rehabilitative care

3. Tumor Lysis Syndrome (TLS)

Etiology and Pathophysiology

TLS occurs when rapid tumor cell destruction releases intracellular contents into the bloodstream, leading to metabolic derangements.

Clinical Features

- Hyperkalemia: cardiac arrhythmias - Hyperuricemia: renal failure - Hyperphosphatemia: secondary hypocalcemia - Hypocalcemia: neuromuscular irritability, seizures - Acute kidney injury

Diagnosis

Based on Cairo-Bishop criteria, which include laboratory and clinical TLS parameters: - Elevated serum uric acid, potassium, phosphate - Low calcium - Renal failure signs

Management

- Hydration and aggressive IV fluids - Allopurinol or rasburicase to control uric acid - Correct electrolyte imbalances - Dialysis in severe cases

4. Febrile Neutropenia

Etiology and Pathophysiology

Due to myelosuppressive chemotherapy, leading to decreased neutrophil count and increased infection risk.

Clinical Features

- Fever - Signs of infection (mucosal, skin, respiratory, urinary)

Diagnosis

- Complete blood count showing neutropenia - Blood cultures - Cultures from suspected infection sites

Management

- Empirical broad-spectrum antibiotics immediately - Hemodynamic support - Granulocyte colony-stimulating factor

(G-CSF) in select cases - Hospitalization for severe cases

5. Malignant Pleural Effusion

Etiology and Pathophysiology

Commonly caused by metastatic lung, breast, or ovarian cancers leading to accumulation of fluid in the pleural space.

Clinical Features

- Progressive dyspnea - Chest pain - Cough - Dullness to percussion

Diagnosis

- Chest X-ray - Thoracentesis with fluid analysis - Cytology for malignant cells

Management

- Thoracentesis for symptomatic relief - Pleurodesis for recurrent effusions - Consideration of indwelling pleural catheters

Special Considerations in Oncologic Emergencies

Patient Assessment and Stabilization

- Ensure airway, breathing, and circulation are maintained - Rapid neurological assessment in cases of spinal cord compression - Correct metabolic abnormalities promptly

Multidisciplinary Approach

Effective management often requires collaboration between oncologists, emergency physicians, radiologists, surgeons, and supportive care teams.

Prevention and Early Recognition

Early identification of at-risk patients can prevent progression to life-threatening emergencies. Strategies include: - Routine screening for tumor burden - Monitoring metabolic parameters during therapy - Patient education on warning signs - Prophylactic measures such as hydration and medications (e.g., allopurinol before chemotherapy)

Conclusion

Oncologic emergencies demand prompt recognition and swift management to improve patient survival and quality of life. Staying updated with current guidelines and evidence-based practices ensures optimal care. Regular training and a high index of suspicion are vital for healthcare providers managing cancer patients.

References and Further Reading

- National Comprehensive Cancer Network (NCCN) Guidelines - UpToDate Articles on Oncologic Emergencies -

American Society of Clinical Oncology (ASCO) Resources - Recent peer-reviewed publications in oncologic emergency management This comprehensive overview provides a detailed understanding of oncologic emergencies, emphasizing the importance of an up-to-date approach to diagnosis and management. Proper awareness and preparedness can significantly impact outcomes in patients facing these critical conditions.

Oncologic Emergencies Up-to-Date: A Comprehensive Review Introduction Oncologic emergencies are acute, potentially life-threatening complications arising in patients with malignancies. These emergencies can occur at any stage of cancer diagnosis or treatment, often necessitating prompt recognition and intervention to improve outcomes. As cancer therapies evolve, so too does the spectrum of emergencies encountered. Staying current with the latest evidence and management strategies is essential for clinicians involved in oncologic care. This review aims to provide an in-depth, up-to-date overview of oncologic emergencies, emphasizing pathophysiology, clinical presentation, diagnosis, and management strategies. Understanding Oncologic Emergencies Oncologic emergencies are broadly categorized into metabolic, structural, hematologic, infectious, and treatment-related complications. Their timely identification hinges upon awareness of risk factors, typical clinical features, and diagnostic workup. Advances in cancer treatments, such as targeted therapies and immunotherapy, have introduced new emergency scenarios, underscoring the importance of ongoing education.

Metabolic Emergencies

Metabolic disturbances represent a significant subset of oncologic emergencies, often linked to tumor burden, treatment effects, or paraneoplastic phenomena.

1. Hypercalcemia of Malignancy

Epidemiology & Pathophysiology: Hypercalcemia occurs in approximately 10-20% of cancer patients, primarily associated with solid tumors such as lung, breast, and multiple myeloma. The pathogenesis involves tumor secretion of parathyroid hormone-related protein (PTHrP), osteolytic metastases, or ectopic production of 1,25-dihydroxyvitamin D. Clinical Presentation: Symptoms vary from mild (nausea, constipation) to severe (confusion, arrhythmias, renal failure). Chronic hypercalcemia may be asymptomatic. Diagnosis: - Elevated serum calcium (>10.5 mg/dL) - Low or suppressed PTH levels - Elevated PTHrP levels (if available) - Other labs: serum albumin, renal function, phosphate, magnesium Management: - Immediate: Hydration with isotonic saline to promote calciuresis - Pharmacological: - Bisphosphonates (zoledronic acid, pamidronate) as first-line agents - Denosumab (especially in bisphosphonate-refractory cases) - Calcitonin (for rapid short-term effect) - Address underlying malignancy with systemic therapy - Consider dialysis in severe cases with renal failure

2. Tumor Lysis Syndrome (TLS)

Epidemiology & Pathophysiology: TLS is characterized by the rapid release of intracellular contents following tumor cell lysis, leading to hyperkalemia, hyperphosphatemia, hyperuricemia, and hypocalcemia. It commonly occurs in hematologic malignancies like acute leukemias and high-grade lymphomas following chemotherapy initiation. Clinical Features: Signs of electrolyte imbalance: arrhythmias, neuromuscular irritability, seizures, renal failure. Diagnosis (Cairo-Bishop Criteria): Laboratory findings within 3 days before or 7 days after chemotherapy initiation: - Uric acid ≥8 mg/dL or 25% increase from baseline - Potassium ≥6 mmol/L or 25% increase - Phosphorus ≥4.5 mg/dL (adults) or 25% increase - Calcium ≤7 mg/dL or 25% decrease Management: - Prevention: aggressive hydration, allopurinol or rasburicase (uric acid-lowering agents) - Correction of electrolyte abnormalities - Dialysis in refractory or severe cases

3. Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH)

Epidemiology & Pathophysiology: Certain tumors (small cell lung cancer, pancreatic carcinomas) produce ectopic ADH, leading to water retention and hyponatremia. Clinical Presentation: Nausea, headache, confusion, seizures in severe hyponatremia. Diagnosis: - Serum hypo-osmolality (<275 mOsm/kg) - Urine concentration inappropriately high (>100 mOsm/kg) - Low serum sodium (<135 mmol/L) - Exclusion of other causes Management: - Fluid restriction - Hypertonic saline in symptomatic cases - Vasopressin receptor antagonists (e.g., tolvaptan) - Address underlying tumor activity

Structural and Mechanical Emergencies

Structural emergencies involve physical obstruction or bleeding caused by tumor mass effect or invasion.

1. Spinal Cord Compression

Epidemiology & Pathophysiology: Common in breast, prostate, lung, and multiple myeloma, spinal cord compression results from epidural tumor metastases or primary spinal tumors. Clinical Features: Back pain (initial symptom), motor weakness, sensory deficits, bladder/bowel dysfunction. Diagnosis: - MRI of the spine with contrast (gold standard) - Neurological assessment Management: - Urgent corticosteroids (dexamethasone) to reduce edema - Urgent radiotherapy or surgical decompression depending on severity and tumor type - Supportive care and rehabilitation

2. Superior Vena Cava Syndrome

Epidemiology & Pathophysiology: Most often caused by lung cancers and lymphomas causing obstruction of the superior vena cava. Clinical Features: Facial and upper limb swelling, dyspnea, venous distention, cough. Diagnosis: - Chest imaging (CT with contrast) - Venous Doppler if indicated Management: - Radiotherapy or chemotherapy based on tumor type - Endovascular stenting for rapid symptom relief - Supportive measures: elevation of head, corticosteroids

3. Tumor Bleeding and Hemorrhage

Epidemiology & Pathophysiology: Tumor invasion into vessels can cause spontaneous bleeding, especially in highly vascular tumors like renal cell carcinoma, hepatocellular carcinoma, or metastatic melanoma. Clinical Features: Hematemesis, melena, hematuria, or external bleeding. Management: - Stabilization: airway, breathing, circulation - Local control: embolization, surgical intervention - Blood product transfusions - Address tumor growth and vascularity

Hematologic Emergencies

Hematologic complications include anemia, coagulopathies, and infections.

1. Disseminated Intravascular Coagulation (DIC)

Epidemiology & Pathophysiology: Common in mucin-producing adenocarcinomas, acute promyelocytic leukemia, or sepsis in cancer patients. Clinical Features: Bleeding, thrombosis, petechiae, organ dysfunction. Diagnosis: - Prolonged PT/PTT - Low fibrinogen - Elevated D-dimer - Thrombocytopenia Management: - Treat underlying cause - Supportive: transfusions, fresh frozen plasma, cryoprecipitate - Consider anticoagulation in thrombotic DIC

2. Anemia

Etiology: Bone marrow infiltration, chemotherapy-induced myelosuppression, nutritional deficiencies. Management: - Blood transfusions in severe cases - Growth factors (e.g., erythropoietin) - Supportive care and correction of deficiencies

3. Febrile Neutropenia

Epidemiology & Pathophysiology: A common complication of chemotherapy, characterized by fever and neutropenia. Clinical Features: Fever, chills, malaise, potential sepsis. Management: - Empiric broad-spectrum antibiotics immediately - Hematology consultation - Granulocyte colony-stimulating factors (G-CSF) in selected cases

Infectious Emergencies

Cancer patients are immunocompromised, increasing susceptibility to infections.

1. Septic Shock

Etiology: Bacterial, fungal, or viral infections. Clinical Features: Hypotension, tachycardia, altered mental status. Management: - Rapid identification and antibiotics - Hemodynamic support with fluids and vasopressors - Source control

2. Pneumocystis Jirovecii Pneumonia (PJP)

Epidemiology & Pathophysiology: Common in patients with hematologic malignancies or on prolonged immunosuppression. Clinical Features: Progressive dyspnea, dry cough, hypoxia. Diagnosis: - Imaging: bilateral interstitial infiltrates - Induced sputum or bronchoalveolar lavage Management: - High-dose trimethoprim-sulfamethoxazole - Adjunct corticosteroids in severe hypoxia

Treatment-Related Emergencies

Therapies for cancer can induce specific emergencies.

1. Immunotherapy-Related Adverse Events

Overview: Checkpoint inhibitors can cause immune-related adverse events (irAEs), affecting multiple organs. Common irAEs: - Pneumonitis - Colitis - Hep

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Questions & Answers About oncologic emergencies uptodate

No	Question	Answer
1	What are the most common oncologic emergencies encountered in clinical practice?	The most common oncologic emergencies include tumor lysis syndrome, spinal cord compression, superior vena cava syndrome, hypercalcemia of malignancy, sepsis, and airway obstruction. Prompt recognition and management are critical to improve outcomes.
2	How is tumor lysis syndrome diagnosed and managed in cancer patients?	Tumor lysis syndrome is diagnosed based on laboratory criteria such as elevated uric acid, hyperkalemia, hyperphosphatemia, and hypocalcemia, along with clinical features. Management includes aggressive hydration, correction of electrolyte imbalances, allopurinol or rasburicase for uric acid reduction, and close monitoring of renal function.
3	What are the key features of spinal cord compression in cancer patients, and how is it treated?	Spinal cord compression presents with back pain, neurological deficits, and motor or sensory loss. Immediate high-dose corticosteroids are administered to reduce edema, followed by urgent radiotherapy or surgical decompression based on the severity and tumor type.
4	How can hypercalcemia of malignancy be effectively managed?	Management includes aggressive hydration with IV fluids, bisphosphonates (such as zoledronic acid or pamidronate), calcitonin for rapid reduction, and addressing the underlying malignancy. Monitoring calcium levels closely is essential.

5	What are the indications for emergent thoracentesis or paracentesis in oncologic emergencies?	Indications include respiratory compromise due to malignant pleural effusion or ascites causing abdominal or thoracic pressure symptoms. Immediate drainage provides symptomatic relief and helps in diagnosis.
6	How is febrile neutropenia in cancer patients managed as an oncologic emergency?	Febrile neutropenia requires prompt empirical broad-spectrum antibiotics, hospitalization, and supportive care. Identifying and treating the source of infection and adjusting cancer therapy are also crucial.
7	What are the clinical signs of superior vena cava syndrome, and what is the emergency management?	Signs include facial swelling, distended neck veins, dyspnea, and upper extremity swelling. Emergency management involves corticosteroids, radiation therapy, and in some cases, stenting or surgical intervention to relieve obstruction.
8	How is airway obstruction due to tumor growth managed in oncologic emergencies?	Initial management includes securing the airway, often with endotracheal intubation or tracheostomy, followed by radiation therapy, stenting, or surgical procedures to reduce tumor burden and restore airway patency.
9	What role does up-to-date evidence play in managing oncologic emergencies?	Up-to-date evidence informs best practices for early recognition, diagnosis, and treatment, leading to improved patient outcomes. It guides clinicians in adopting new therapies, management protocols, and supportive care measures tailored to recent research findings.
10	Why is rapid assessment and intervention critical in oncologic emergencies?	Rapid assessment allows for early diagnosis and prompt management, which can prevent morbidity and mortality, preserve organ function, and improve overall prognosis in patients experiencing life-threatening oncologic complications.

oncologic emergencies, cancer emergencies, tumor emergencies, oncologic crisis, acute cancer complications, chemotherapy emergencies, oncologic management, emergency oncology, tumor lysis syndrome, spinal cord compression

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Modularity supports targeted learning without unnecessary repetition.

The searchable format of Oncologic Emergencies Uptodate eBooks makes it easier to locate specific information without rereading entire chapters.

This ensures learning continuity in low-connectivity situations.

Oncologic Emergencies Uptodate eBooks encourage methodical learning approaches.

Readers appreciate Oncologic Emergencies Uptodate eBooks for their ability to centralize information in one accessible format.

Accessible knowledge encourages lifelong learning.

Entire libraries can be accessed from a single device.

From an educational standpoint, Oncologic Emergencies Uptodate eBooks encourage active reading through annotation, highlighting, and structured navigation tools.

This format accommodates fragmented schedules while maintaining content depth and continuity.

Many learners appreciate Oncologic Emergencies Uptodate eBooks for their ability to consolidate large amounts of information into structured formats.

Oncologic Emergencies Uptodate eBooks remain effective regardless of platform trends.

Oncologic Emergencies Uptodate eBooks empower users to track progress, set learning milestones, and maintain motivation over time.

Oncologic Emergencies Uptodate eBooks allow readers to highlight, annotate, and bookmark key sections, enhancing long-term retention and review efficiency.

Professionals and students alike rely on Oncologic Emergencies Uptodate eBooks as dependable reference materials.

Oncologic Emergencies Uptodate eBooks support modern reading habits by enabling short, focused learning sessions that align with busy daily schedules and fragmented attention spans.

Oncologic Emergencies Uptodate eBooks offer a practical solution for learners seeking depth without overwhelming complexity.

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Oncologic Emergencies Uptodate eBooks support modern reading habits by enabling short, focused learning sessions that align with busy daily schedules and fragmented attention spans.

Oncologic Emergencies Uptodate eBooks function as dependable educational anchors.

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Readers value Oncologic Emergencies Uptodate eBooks for their consistency in structure and presentation.

Centralized content improves trust.

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The modular structure of Oncologic Emergencies Uptodate eBooks allows readers to focus on specific sections without losing overall context.

Oncologic Emergencies Uptodate eBooks provide a structured and reliable way to consume knowledge in an increasingly digital world.

Oncologic Emergencies Uptodate eBooks support self-paced learning by allowing readers to control reading speed and progression.

Digital distribution enhances reach and consistency.

The digital format of Oncologic Emergencies Uptodate eBooks supports efficient information delivery without compromising depth or clarity.

Compatibility Tips

Compatibility is a crucial factor when accessing and using Oncologic Emergencies Uptodate in digital form. Ensuring that your device and software support the file format helps prevent reading issues, formatting errors, or loss of functionality. Fortunately, most modern devices are designed to handle common digital document formats with ease.

PDF is the most universally supported format for Oncologic Emergencies Uptodate. Almost all computers, tablets, and smartphones can open PDF files using built-in viewers or free applications. This universal compatibility makes PDF an ideal choice for users who access content across multiple devices or operating systems. PDFs also preserve layout and formatting, ensuring a consistent reading experience regardless of screen size.

ePub formats offer greater flexibility in text layout, allowing font size, spacing, and margins to adapt to different screens. However, ePub files may require specific readers or applications, especially on desktop computers. Many mobile devices and eReaders support ePub natively, while others may need additional software. Before downloading Oncologic Emergencies Uptodate in ePub format, it is advisable to confirm reader compatibility to avoid conversion issues.

Audiobook formats provide an alternative way to consume Oncologic Emergencies Uptodate, particularly for users who prefer listening over reading. Audiobooks can usually be played on standard media applications available on smartphones, tablets, and computers. Ensuring that the audio format is supported by your device guarantees smooth playback and uninterrupted listening sessions.

Keeping reading applications and operating systems up to date improves compatibility. Updates often include bug fixes, performance improvements, and support for newer file standards. Regular maintenance ensures that Oncologic Emergencies Uptodate files open correctly and that advanced features such as annotations or interactive elements function as intended.

Optimizing compatibility across devices

For users who switch between multiple devices, synchronizing reading apps and cloud accounts enhances compatibility. Progress, bookmarks, and annotations can be shared seamlessly, creating a consistent experience. Choosing widely supported formats and reliable reading software reduces technical friction and improves long-term usability.

Security Tips

Security is an essential consideration when downloading and managing Oncologic Emergencies Uptodate files. Digital documents obtained from unreliable sources may pose risks such as malware, corrupted files, or unauthorized content. Prioritizing security protects both your devices and personal data.

Avoiding pirated files is one of the most effective security measures. Unauthorized copies often lack quality control and may contain hidden threats. Legal and reputable sources provide verified files that are safe to download and use. Respecting copyright also supports creators and publishers, contributing to a sustainable content ecosystem.

Before downloading Oncologic Emergencies Uptodate, users should verify the credibility of the source. Official publishers, academic libraries, and well-known platforms typically provide secure downloads. Checking website reputation, reading user reviews, and confirming licensing information help reduce risks.

Using antivirus or security software adds an additional layer of protection. Scanning downloaded files ensures that potential threats are detected early. Many modern security tools operate in real time, monitoring downloads and alerting users to suspicious activity. Keeping antivirus software updated enhances effectiveness against emerging threats.

Safe handling of digital documents

In addition to secure downloading, safe handling practices further reduce risk. Avoid enabling macros or scripts in PDF files unless necessary and trusted. Be cautious with files that request excessive permissions or prompt unexpected actions. These precautions help maintain device integrity and user privacy.

File Management

Effective file management ensures that your collection of Oncologic Emergencies Uptodate remains organized, accessible, and easy to maintain. As digital libraries grow, poor organization can lead to confusion, duplicate files, and wasted time searching for documents.

Clear and consistent file naming is a fundamental aspect of file management. Including key details such as title, author, edition, or date in file names helps identify documents quickly. Consistency across all Oncologic Emergencies Uptodate files prevents ambiguity and simplifies retrieval.

Using folders organized by topic, volume, subject, or date further improves clarity. For example, academic users may categorize files by course or discipline, while personal users may organize by interest or purpose. Logical folder structures make navigation intuitive and scalable as collections expand.

Tagging and labeling provide additional organizational flexibility. Many operating systems and cloud platforms

support tags that allow files to be grouped across multiple categories. A single Oncologic Emergencies Uptodate document can be tagged as reference, study material, or important, enabling faster searches without duplicating files.

Version control is particularly important when managing multiple editions or updates. Maintaining clear version identifiers prevents accidental use of outdated content. Archiving older versions separately ensures historical reference while keeping current materials easily accessible.

Maintaining an efficient digital library
Regularly reviewing and cleaning your library helps maintain efficiency. Removing obsolete files, merging duplicates, and updating folder structures keep your Oncologic Emergencies Uptodate collection streamlined. Periodic maintenance ensures that file management systems remain effective over time.

Archiving
Archiving Oncologic Emergencies Uptodate files ensures long-term access and protects valuable information from loss. Digital documents can be vulnerable to accidental deletion, hardware failure, or software issues. Implementing reliable archiving strategies safeguards your collection for future use.

Cloud storage is a popular archiving solution due to its accessibility and automatic backup features. Storing Oncologic Emergencies Uptodate files in reputable cloud services allows access from multiple devices while reducing the risk of data loss. Many platforms offer version history, enabling recovery of previous file states if needed.

External drives provide an additional layer of security for archiving. Storing backup copies on external hard drives or USB devices protects against cloud service disruptions or account issues. Keeping these drives in secure locations further enhances data protection.

A comprehensive archiving strategy often combines cloud and physical backups. Redundant storage ensures that Oncologic Emergencies Uptodate remains accessible even if one storage method fails. Periodic verification of backup integrity confirms that archived files remain readable and complete.

Best practices for long-term archiving
- Use widely supported file formats such as PDF for longevity. - Label archived files clearly with dates and version information. - Maintain multiple backup locations. - Review archives periodically to ensure accessibility. - Update storage media as technology evolves.

Future-proofing your Oncologic Emergencies Uptodate collection
Technology evolves over time, and file formats or storage methods may change. Choosing standard formats, maintaining backups, and staying informed about digital preservation practices help future-proof your Oncologic Emergencies Uptodate collection. These steps ensure that documents remain usable and accessible for years to come.

Final thoughts on compatibility, security, and archiving
Managing Oncologic Emergencies Uptodate effectively requires attention to compatibility, security, file organization, and archiving. By ensuring device support, downloading from trusted sources, organizing files systematically, and maintaining reliable backups, users can protect their digital libraries and maximize long-term value. These best practices create a safe, efficient, and sustainable environment for accessing and preserving Oncologic Emergencies Uptodate in the digital age.